

City of Tempe Adult Sports Roster

Sport:		Day of Play:		Season:	
Team Name:					
Manager Name:		Phone:		E-Mail:	
Asst Manager Name:		Phone:		E-Mail:	

"I have read and agree to all of the rules of the City of Tempe Adult Sports league and verify to the best of my knowledge the information given below is accurate. I understand that it is the manager's and/or assistant manager's responsibility to ensure rosters are current and changes are communicated to City of Tempe Adult Sports during the course of the season. I also understand all participants play at their own risk and are responsible for their own health insurance."

Manager Name: _____ Signature: _____ Date: _____

	M/F	Player First and Last Name	Street Address	City	Zip	Phone
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